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	UTILITY	Attorney	Docket No.	60,500-	60,500-114				
1 -	APPLICATION	First Inve	entor	Felix Ca	Felix Capanni				
TRANSMITTAL T			Title SYSTEM AND DEVICE FOR KEEPING BONE SCREWS						
(Only for new nonprovisi	onal applications under 37 CFR 1.53(b))	Express	Mail Label No						
See MPEP chapter 600 conc	erning utility patent application contents Form (e.g., PTO/SB/17)		ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 7. CD-ROM or CD-R in duplicate, large table or						
 (Submit an original and a duplicate for fee processing) 2.			Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identify of above copies						
Background of			ACCO	DMPANY	ING APPLIC	CATION PARTS			
preliminary amendm Continuation Prior application info For CONTINUATION of under Box 5b, is conside	10. [11. [12. [13. [14. [14. [15. [17. [9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Statement Copies of IDS (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Request and Certification under 35 USC 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other: Check for the payment of the filing fee							
Name	William H. Honaker	*							
Address	Howard & Howard & Hov	vard Attorn	eys, P.C.			31-22			
City		State	<u> </u>		Zin Codo				
Country			(249) 722	0422	Zip Code	(249) (45 156			
Country		elephone	(248) 723-	0422	Fax	(248) 645-1568	.		

Name (Print/Type) William H. Honeker // Registration No. (Attorney/Agent) 31,623

Signature Date//6/0

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Attorney Docket No.

FEE TRANSMITTAL for FY 2004.

Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

856 (\$)

Complete if Known					
Application Number					
Filing Date					
First Named Inventor	Felix Capanni				
Examiner Name					
Group / Art Unit					

60500-114

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)								
	ck 🗌 Cred	it Card Money Ord	er 🔲 Other								
☐ De _l	posit Accoun	t None		3. ADDITIONAL FEES Large		Small					
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Number	00-2703			1051	(\$) 130	2051	(\$) 65	Surcharne	- late filing fee o		Paid
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		Design filing fee		1402	330	2402	165	Filing a bri	ief in support of a	an appeal	
	003 265	Plant filing fee		1403	290	2403	145	Request fo	or oral hearing		
	004 385 005 80	Reissue filing fee Provisional filling fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding			
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2. EXTRA CLAIM	FEES	Fee		1502	480	2502	240	Design iss	ue fee	•	
		Extra from	Fee	1503	640	2503	320	Plant issue	e fee		
		Claims below	Paid	1460	130	1460	130	Petitions to	the Commissio	ner	
Total Claims 20 Independent	20** =		= 0	1807	50	1807	50	Processing	g fee under 37 C	FR 1.17(q)	
Claims 4 Multiple	-3** =		= 86	1806	180	1806	180	Submissio Stmt	n of Information	Disclosure	
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	Code (\$) 2202 9	Claims in excess of 20		1810	770	2810	(37 CFR § 1.129(a))			<u> </u>	
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or manuscripte viously paid, ii greater, not reissues, see above											
SUBMITTED BY Complete (if applicable)											
Name (Print/Type) William H. Honake/ Regisfation No. Attorney/Agent) 31,623 Telephone (248) 645-1483					1483						
Signature Date Date Date Date Date Date Date Dat											

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CERTIFICATE OF EXPRESS MAILING

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My C. Downey